



**This form is to be completed by either – Principal/Teacher/Counselor/Employer/Head of organization*

Name of Applicant:	Date of Birth: ____/____/____ DD/MM/YEAR	Gender: Female: <input type="checkbox"/> Male: <input type="checkbox"/>
---------------------------	--	--

How long have you known the applicant:	In what capacity have you known the applicant:
---	---

Tick the most appropriate box commensurate with your knowledge of the applicant:

	Exceptional	Above Average	Average	Below Average	Not applicable
Academic potential					
Projected performance at CXC/CSEC					
Capacity for independent thinking					
Problem solving ability					
Leadership ability					
Group/team work ability					
Writing ability					
Self expression					
Study habits					
Ability to interact with others/peers					
Respect for authority					
Respect for peers					
Emotional maturity					
Initiative					
Involvement in community service					
Involvement in groups/organizations					
Ethics (attitude/diligence)					

Has the applicant ever been subject to disciplinary action? Yes: **No:**
If yes, explain and indicate the frequency with which infractions took place and the severity.

Single incident: *repeated incidents:*

Time Management:

Explain:

Academic Punctuality (Failure to complete/ hand in assignments):

Explain:

Infractions (cheating/plagiarism/verbal or physical violence/threats)

Explain:

General comments you deem important (strengths/weaknesses; potential for success; personal attributes)

*** This applicant is:**

Highly recommended Recommended Recommended with reservation Not recommended

Recommender's name:

Signature:

Institution/Organization:

Position/Job title:

Date:

*Stamp here with official stamp of
Institution/Organization*